

EVERETT CITY COUNCIL AGENDA ITEM COVER SHEET

PROJECT TITLE:

Street Closure – Safety tips for Families

_____ Briefing
 _____ Proposed Action
 _____ Consent
 _____ Action
 _____ First Reading
 _____ Second Reading
 _____ Third Reading
 _____ Public Hearing

COUNCIL BILL # _____

Originating Department _____

Contact Person _____

Phone Number _____

FOR AGENDA OF _____

City Clerk

Sharon Fuller

425 257-8609

May 4, 2016

Initialed by:

Department Head _____

CAA _____

Council President _____

db

Location

Wall Street, between
Colby and Hoyt Avenues

Preceding Action

Attachments

Special Event
Application

Department(s) Approval

Police, Fire, Streets,
Traffic Engineering,
Transit

Amount Budgeted	-0-	
Expenditure Required	-0-	Account Number(s):
Budget Remaining	-0-	
Additional Required	-0-	

DETAILED SUMMARY STATEMENT:

The Imagine Children's Museum is requesting the closure of Wall street, between Colby and Hoyt Avenues on May 14, 2016, 8 a.m. to 3 p.m., for a Safety Tips for Families event.

RECOMMENDATION (Exact action requested of Council):

Authorize the closure of Wall Street, between Colby and Hoyt Avenues on May 14, 2016, 8 a.m. to 3 p.m., for a Safety Tips for Families event sponsored by Imagine Children's Museum.

(2)

SPECIAL EVENT APPLICATIONEvent Type: ☐ Street Closure ☐ Parade ☐ Walk/Run ☐ Other ()Event Date: 5.14.16 Event Time: 11:00 - 2:00Closure Time: 8AM - 3pmEvent Description: Safety tips for familiesLocation of Event: IMAGINE CHILDREN'S MUSEUM

Sponsoring Organization: _____

Address: 1502. WALL street City & State Everett, WAContact Person: Raniera Phone No. 425.258.1006 xt 1023We require that you inform the neighborhood and businesses of the street closure prior to obtaining approval.What method will be used to inform the impacted parties of the street closure? IN person

If applicable, answer the following:

Approx. # of participants: 1000 Persons ☒ Animals 10 VehiclesAssembly area (streets) Request street closure of Wall street from Colby to Hoyt
Type of Animals _____Portion of street to be used: ☒ Full width ☐ Half ☐ Other

*Attach a map showing route of parade or run/walk.

Official Use

	<u>Admin.</u>	<u>Traffic</u>	<u>Police</u>	<u>Fire</u>	<u>Transit</u>	<u>Streets</u>
Approved:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rejected:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Conditions: _____

Comments: _____

Council agenda date: / / City Council approval: / / Permit TR #

③

Indemnification, Hold Harmless, and Certification

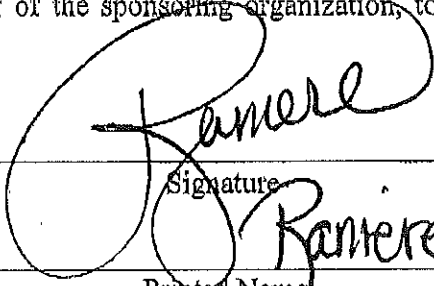
As a material inducement and consideration for the City granting this approval, the Applicant, on behalf of the sponsoring organization, hereby agrees to defend, indemnify and hold harmless the City from and against any and all Claims for personal injury, death, property damage or destruction, arising from, relating to, or resulting from the Event that is the subject of this approval.

"City" shall mean the City of Everett, its officers, employees and agents.

"Claims" shall mean any actions, demands, suits, obligation or liability for payment of damages, fees, and costs, including, but not limited to, attorney's fees, expert witness fees, court costs and other legal expenses.

Provided, however, this agreement to defend, indemnify and hold harmless the City shall not apply to Claims arising out of bodily injury or death or property damage or destruction caused by the sole negligence or willful misconduct of the City.

As Applicant, I certify that 1) the information provided on this application is true and correct; and 2) I am duly authorized by the sponsoring organization to make this application and enter into this agreement, on behalf of the sponsoring organization, to defend, indemnify and hold harmless the City.


 Signature _____ Date 4.12.16
 Printed Name Ramere
IMAGINE Children's Museum 425.258.1006
 Organization Representing Phone No. xt 1023

List businesses/residences impacted by this event. You must also obtain an approval signature from each business/resident indicating they concur with the closure.

Business/Residence	Signature of approval
1. <u>Browns Catering LLC</u>	<u>[Signature]</u>
2. _____	_____
3. _____	_____
4. <u>Petershagen Insurance</u>	<u>[Signature]</u>
5. _____	_____
6. _____	_____
7. <u>Studio Donna</u>	<u>[Signature]</u>

